



DLI PERMIT NUMBER: _____

LEAD PERMIT APPLICATION AND NOTIFICATION FOR RENOVATION

| | | | | | |
|--|--|--------------------|-------------------------------------|---|--------------------------------------|
| 1. TYPE OF NOTIFICATION: | | | <input type="checkbox"/> ORIGINAL | <input type="checkbox"/> AMENDED | <input type="checkbox"/> CANCEL |
| 2. FACILITY INFORMATION: (facility owner, removal, demolition & other contractors) | | | | | |
| OWNER: | | | | | |
| ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| CONTACT: | | | TELEPHONE #: | | |
| REMOVAL CONTRACTOR: | | | LICENSE #: | | |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER: | | | | | |
| ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| CONTACT: | | | TELEPHONE: | | |
| OTHER OPERATOR: | | | | | |
| ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| CONTACT: | | | TELEPHONE #: | | |
| 3. TYPE OF OPERATION: | | | <input type="checkbox"/> RENOVATION | <input type="checkbox"/> EMERGENCY RENOVATION | <input type="checkbox"/> ENCAPSULATE |
| 4. IS LEAD PRESENT: | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 5. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER): | | | | | |
| BUILDING NAME: | | | | | |
| STREET ADDRESS: | | | COUNTY: | | |
| CITY: | | STATE: | | ZIP CODE: | |
| SITE LOCATION: | | | | | |
| BUILDING SIZE: | | # FLOORS: | | AGE IN YEARS: | |
| PRESENT USE: | | | PRIOR USE: | | |
| 6. SCHEDULED DATES: REMOVAL | | | START: _____ | | FINISH: _____ |
| REMOVAL TIMES: | | DAYS OF OPERATION: | | (MON -SUN) _____ | |
| | | WORKSHIFT HOURS: | | (MON - FRI) _____ | |
| | | | | (SAT - SUN) _____ | |

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7. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF LEAD:

| 8. LEAD TO BE REMOVED | AMOUNT | 9. % LEAD NOT REMOVED |
|-----------------------|--------|-----------------------|
| DESCRIPTION | | PERCENT |
| SURFACE AREA | | % |
| SOIL ABATEMENT | CUFT | % |

10. DESCRIPTION OF PLANNED RENOVATION WORK, AND METHOD(S) TO BE USED:

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF LEAD AT THE RENOVATION SITE:

12. WASTE TRANSPORTER #1: NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE:

WASTE TRANSPORTER #2: NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE:

13. WASTE DISPOSAL SITE: NAME:

LOCATION:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

LANDFILL PERMIT #:

14. FOR EMERGENCY RENOVATIONS:

DATE AND HOUR OF EMERGENCY: _____ TIME: _____

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE:

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16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED LEAD IS FOUND:

16. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION (DPOR) REQUIREMENTS FOR LICENSURE WILL BE ON-SITE DURING THE RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE AT THE PROJECT SITE FOR INSPECTION.

SUPERVISOR: _____ LICENSE #: _____

SIGNATURE OF OWNER/OPERATOR: _____ DATE: _____

17. I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ACCREDITED PERSONS ARE BEING USED ON THIS PROJECT.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

18. AMOUNT OF LEAD FEE SUBMITTED: \$ _____

CONTRACT PRICE: \$ _____

A LEAD project permit fee shall be submitted with the completed project notification. The fee shall be in accordance with the following schedule.

1. The greater of \$100 or 1% of the contract price, with the maximum of \$500.
2. \$15 for each amended notification

Address all notifications as described below:

LEAD PROGRAM
DEPARTMENT OF LABOR AND INDUSTRY
POWERS-TAYLOR BUILDING
13 SOUTH THIRTEENTH STREET
RICHMOND, VA. 23219
FAX (804) 371-7634

CREDIT CARD TYPE: (CHECK ONE)

☐ VISA CARD # _____ EXP. DATE: _____

☐ MASTERCARD AUTHORIZED SIGNATURE: _____